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PTO/SB/50 (1-00)

Approved for use through 09/30/00, OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

WITHOUT FEE OR OATH

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231
Box: REISSUE

Attorney Docket No.	IWA-126-USAP
First Named Inventor	Chikao NISHINO
Original Patent Number	5,814,634
Original Patent Issue Date (Month/Day/Year)	09/29/1998
Express Mail Label No.	

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

- ☐ *Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.9 and 1.27.
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52) (submitted
Original U.S. Patent without signature)
- ☒ Offer to Surrender Original Patent (37 C.F.R. § 1.176)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

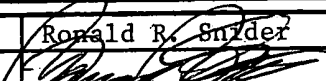
ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☐ Other:

14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Labelor ☒ Correspondence address below

Name	Ronald R. Snider Snider & Associates				
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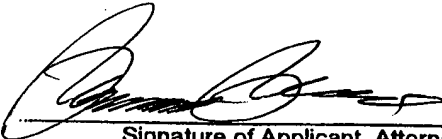
NAME (Print/Type)	Ronald R. Snider	Registration No. (Attorney/Agent)	24,962
Signature		Date	9/28/2000

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09/28/00

MANUAL OF PATENT EXAMINING PROCEDURE

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 26	Total Claims (37 CFR 1.16(j))	(B) 26	**** 6 =	x \$	=	or x \$ 18.00	108.00	
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 2	* =	x \$	=	x \$	=	
Basic Fee (37 CFR 1.16(h))				\$		\$ 690.00		
Total Filing Fee				\$		OR \$ 798.00		
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS **	=	x \$	=	or x \$	=	
Independent Claims (37 CFR 1.16(i))	***	MINUS *****	=	x \$	=	x \$	=	
Total Additional Fee				\$		OR \$		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p>								
<p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p>								
<p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p>								
<p>2/29/00 Date</p>		<p> Signature of Applicant, Attorney or Agent of Record</p>						
		<p>Ronald R. Snider Typed or printed name</p>						

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